

CAED 435 (Rev. 04/18)		United States District Court, Eastern District of California		Case 2:21-cr-00224-TLN Document 20 Filed 09/10/21 Page 1 of 1		FOR COURT USE ONLY	
TRANSCRIPT ORDER						DUE DATE:	
PLEASE Read Instruction Page (attached):							
1. YOUR NAME Michael D. Anderson		2. EMAIL Michael.D.Anderson2@usdoj.gov		3. PHONE NUMBER (916) 554-2755		4. DATE 09/10/2021	
5. MAILING ADDRESS 501 I Street, Suite 10-100				6. CITY Sacramento		7. STATE CA	8. ZIP CODE 95814
9. CASE NUMBER 3:21-mj-0007 DMC		10. JUDGE Hon. Allison Claire		DATES OF PROCEEDINGS			
				11. FROM 9/10/2021		12. TO 9/10/2021	
13. CASE NAME U.S. v. Gary Stephen Maynard				LOCATION OF PROCEEDINGS			
				14. CITY Sacramento		15. STATE CA	
16. ORDER FOR							
<input type="checkbox"/> APPEAL No.		<input checked="" type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT		<input type="checkbox"/> BANKRUPTCY	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER (Specify)	
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) You must provide the name of the Reporter.							
TRIAL		DATE(S)	REPORTER	HEARINGS		DATE(S)	REPORTER
<input type="checkbox"/> ENTIRE TRIAL				<input checked="" type="checkbox"/> OTHER (Specify Below)			
<input type="checkbox"/> JURY SELECTION				Bail Motion Hearing		09/10/2021	ECRO-Sacramento
<input type="checkbox"/> OPENING STATEMENTS							
<input type="checkbox"/> CLOSING ARGUMENTS							
<input type="checkbox"/> JURY INSTRUCTIONS							
18. ORDER (Grey Area for Court Reporter Use)							
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		COSTS	
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
DAILY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>					
CERTIFICATION (19 & 20) By signing below, I certify I will pay all charges (deposit plus additional).				ESTIMATE TOTAL			
19. SIGNATURE /s/ Michael D. Anderson				PROCESSED BY			
20. DATE 09/10/2021				PHONE NUMBER			
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS			
		DATE	BY				
ORDER RECEIVED							
DEPOSIT PAID				DEPOSIT PAID			
TRANSCRIPT ORDERED				TOTAL CHARGES			
TRANSCRIPT RECEIVED				LESS DEPOSIT			
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED			
PARTY RECEIVED TRANSCRIPT				TOTAL DUE			